



DIVISION OF MEDICAL SERVICES
PROVIDER BULLETIN

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AMBULANCE BULLETIN

Ambulance Providers

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ADDITION OF FIXED WING

Effective for dates of service on or after September 1, 2006 fixed wing transport is covered by the Missouri Medicaid Ambulance program on a limited basis. The flight circumstances must meet all of the current emergency services guidelines along with a weather limitation. Fixed wing transport may be covered when weather conditions prohibit the use of rotary wing transport. The following procedure codes will be used:

A0430 - Ambulance service, conventional air services, transport, one way (fixed wing) - \$950.00

A0430EP - Ambulance service, conventional air services, transport, one way (fixed wing) - \$950.00 – HCY

A0435 - Fixed wing air mileage, per statute mile, \$2.50 per mile

A0435EP - Fixed wing air mileage, per statute mile, \$2.50 per mile – HCY

Emergency services are services required when there is a sudden or unforeseen situation or occurrence or a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the patient's health in serious jeopardy; or
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Missouri Medicaid covers emergency fixed wing air ambulance only when transport is to the nearest appropriate hospital, the current weather situation prohibits the use of a rotary wing ambulance and the following criteria are met:

- The patient's medical condition is such that immediate and rapid ambulance transportation is essential and cannot be provided by ground ambulance; or
- Great distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities; or
- The patient's medical condition is such that the time needed to transport by land, or the instability of transportation by land, poses a threat to the patient's survival or seriously endangers the patient's health; or
- The point of pickup is inaccessible by land vehicle; and all other Medicaid requirements for coverage are met.

SUPPLIES

Supplies may be billed separately from the fixed wing base rate, when appropriate. The following codes are used for billing supplies:

When billing A0430:

A0398 (ALS routine disposable supplies),
A0422 (Oxygen and oxygen supplies),
A0394 (IV drug therapy),
A0999 (Unlisted ambulance service—IV set up and fluids), and
93040 (Rhythm ECG with report).

When billing the A0430EP:

A0398EP (ALS routine disposable supplies—HCY),
A0422EP (Oxygen and oxygen supplies—HCY),
A0394EP (IV drug therapy—HCY),
A0999 (Unlisted ambulance service-IV set up and fluids), and
93040 (Rhythm ECG with report).

PROVIDER ENROLLMENT

To receive Medicaid reimbursement, a provider of services must have entered into, and maintain, a valid participation agreement with the State Medicaid Agency. Providers of the services contained in this bulletin must enroll with a fixed wing specialty. Existing providers of ambulance services, whether land or rotary wing, must complete a new provider agreement in order to expand their base of service to provide fixed wing services. Air ambulance is defined as any private or publicly owned conventional air service, rotary wing or fixed wing specially designed, constructed or modified, maintained or equipped with the intent to be used for the transportation of patients as defined in Federal Aviation Regulations, Part 135.

The enrollment process for the ambulance program is currently not available online. Provider Application can be obtained via E-mail message to the Provider Enrollment Unit at providerenrollment@dss.mo.gov.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via E-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896